



# 2010 UBO/UBU Conference

Health Budgets  
& Financial  
Policy



Briefing: **SIT/OHI Basics**

Date: **23 March 2010**

Time: **1400-1450**



- Know what the Standard Insurance Table (SIT) is
- Understand the importance of the SIT
- Learn how to use the SIT appropriately
- Know how to avoid common data entry errors
- Be aware of, and be able to find, resources





# Standard Insurance Table (SIT)

- **What is the SIT?**
  - Insurance Table
  - List of insurance companies
  - Database of Health Insurance Carriers (HIC) and their claims addresses





# Standard Insurance Table (SIT)

- **Where is the SIT?**
  - It resides on the Defense Enrollment Eligibility Reporting System (DEERS)
- **DEERS is currently the central repository for:**
  - Health Insurance Carriers (HIC) – SIT
  - Other Health Insurance (OHI) information





# Standard Insurance Table (SIT)

- **What information is needed?**
  - Other Health Insurance/Health Insurance Carrier information
  - OHI starts the SIT process
- **Where is OHI obtained?**
  - DEERS OHI Search/Eligibility
  - DD 2569
  - Insurance Card
  - Beneficiary (patient)
  - Other





# Standard Insurance Table (SIT)

- **Who uses the information?**
  - Military Treatment Facility (MTF) business offices use the Health Insurer's Claims address, stored on DEERS, to bill for beneficiary services rendered
  - Other entities (see slide 11)





# Standard Insurance Table (SIT)

- **How does it work?**

- SIT has the Health Insurance Company name and claims address
- Other Health Insurance has the individual's policy information
- OHI policy is "pointed" to the appropriate HIC address
- A bill "drops" and is sent to the insurance company for payment





- **Is the Other Health Insurance on the SIT?**
  - No, the OHI has a separate database on DEERS
- **How is the OHI linked to the SIT?**
  - OHI coverage is “pointed” to a Health Insurance Carrier entry on the SIT for the claims address of the HIC







# Standard Insurance Table (SIT)

- **Why is the SIT important?**
  - Allows MTFs to bill Other Health Insurance for services rendered
  - Allows for straightforward changes to the Local SIT
  - Increases Third Party Collections





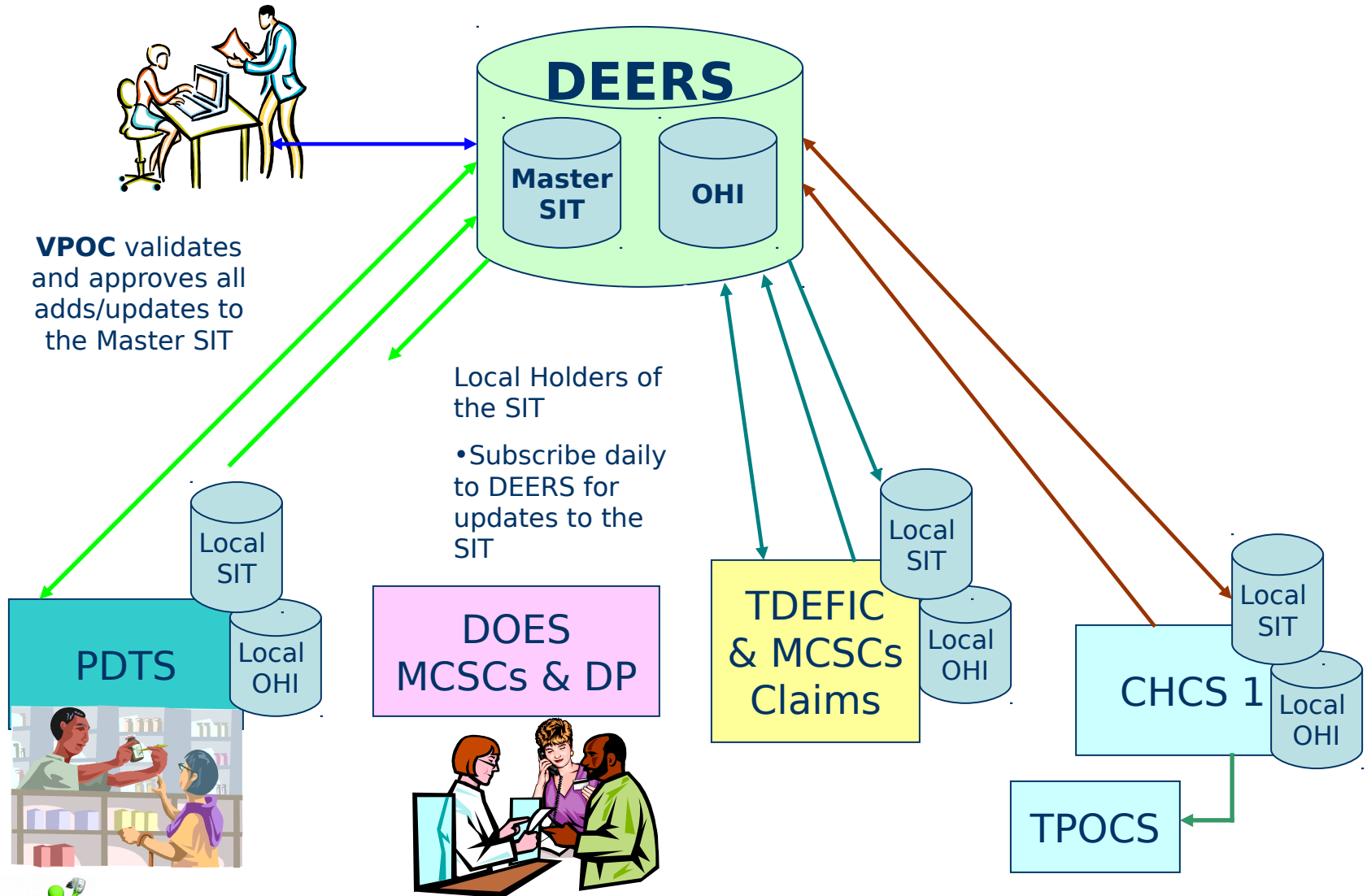
# Standard Insurance Table (SIT)

- **How is the SIT accessed?**
  - Via local MTF Composite Health Care System (CHCS)
  - The business office staff enters Health Insurance Carrier information and Other Health Insurance data in the local CHCS
  - The HIC and OHI data are transmitted directly to DEERS
  - Bi-directional flow of information





# Information Flow





You have OHI so...

What's Next?





# Composite Health Care System Screens





CFS	Common Files Supplementary Menu
DEP	Department and Service File Enter/Edit
HOS	Hospital Location File Enter/Edit
HPN	Host Platform Name Enter/Edit
MCD	Medical Center Division File Enter/Edit
MTF	Medical Treatment Facility File Enter/Edit
PRO	Provider File Enter/Edit
<b>STM</b>	<b>Standard Insurance Company Table Menu</b>
UIC	UIC Management Menu
ZIP	Zip Code File Enter/Edit
ACT	Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

<b>SIT</b>	<b>Standard Insurance Company Table</b>
VIC	View Attorney Data
ATT	Attorney Enter/Edit
REP	Attorney Report

Select Standard Insurance Company Table Menu Option: **SIT**





## Standard Insurance Table

- Menu Options
  - Add, Update, View, Cancel, Deactivate, Report, Subscribe, TPOCS, Exit





# Commonly Used Menu Options

- Add
  - Heath Insurance Carrier (HIC) or coverage
  - First, do a partial look-up to see if company or coverage is already on table
- Update
  - On hold
- Cancel
  - Opportunity to cancel an entry, if mistake
  - Only available to original site that entered
  - Must be in an unverified state
- Deactivate – do not use this option







## Specific HIC Fields





- HIC ID Aetna of California = AETCA0001
  - Assigned by DEERS
  - Cannot be edited
  - Composed of first 3 characters of insurance name
  - 2-character state abbreviation
  - 4-digit number assigned by DEERS





- Coverage Type/Payer Type combination
  - Common Coverage Types:
    - XM Comprehensive Medical
    - MD Medical
    - RX Pharmacy
    - VI Vision
    - DN Dental





# Coverage Type/Payer Type

## Coverage Type Codes

- XM = Comprehensive Medical (default)
- MD = Medical (default)
- DN = Dental
- IP = Inpatient
- OP = Outpatient
- LT = Long Term Care
- RX = Pharmacy
- MH = Mental Health
- VI = Vision
- PH = Partial Hospitalization
- SN = Skilled Nursing

## Payer Type Codes

- B = Both Institutional and Professional (default)
- I = Institutional Only
- P = Professional Only
- N = Nonbillable





## HIC Status Code

- S = Standard (already verified)
- T = Temporary
- D = Deactivated
- P = Placeholder (not enough information)
- C = Cancelled

## HIC Verification Status

- D = Unverified Data (OHI)
- U = Unverified Carrier
- V = Verified





# Completed HIC Add Screen

SIT ID:

Standard Insurance Table

ADD INS CO

Insurance Company Name: **Aetna Health Care**

Additional Description:

**State School System**

Carrier Website:

**[www.aetna.com](http://www.aetna.com)**

Customer Service Email:

**[www.customer.aetna.com](http://www.customer.aetna.com)**

HIC Status Code:

**T (Temporary)**

HIC Verification Code:

**U (Unverified)**

Coverage/Payer Type:

**XM/B (Medical – Inst/Prof)**

HIC Loc Commt:

**Local MTF**

HIC Std Commt:

**VPOC (Verification POC)**





# Completed Cov Add Screen

SIT ID: AETCA0034

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name:

AETNA HEALTH CARE

Coverage Type:

MEDICAL

Payer Type Code:

B (BOTH) INSTITUTIONAL

AND

PROFESSIONAL

Coverage Status Code: T

U

Coverage Verification Status:

ATTN:

Medical Claims

P.O. Box/St Address:

PO BOX 246

Zip Code:

92121

Zip Ext:

State/Country:

CALIFORNIA

City:

SAN DIEGO

Phone Number:

8581021928

Phone

Ext:

FAX Number:





# Point of Contact (POC) Screen

Last Update System Name:	System name of current user
Last Update User Name:	defaults here Current user name here
Last Update User Phone:	7035751710
Ext:	
Last Update User Email:	POC@altarum.org







## Specific OHI Fields





Insurance Type Code

and

Claim Filing Code





# CHCS OHI Sample Screen Shot

OTHER HEALTH INSURANCE

Patient: Doe, John FMP/SSN: 02/000-00-0000  
Patient Category: USA FAM MBR AD Patient SSN: 000-00-0000  
HCDP: TRICARE PRIME FAMILY COVERAGE DMDC Pat ID: 000000000000  
Region Code: Sex: MALE  
PCM: DOB/Age: 04 Jul 1776

=====

Insurance Company: Cigna  
Policy Id: Card Holder Id:  
Policy Eff Date: End Date: End Reason:  
Ins Type Code: CI Claim Filing Code: 09 Policy Obsolete?: NO  
PreCert Comments:

=====

Coverage Type	Payer Type	Eff Date	End Date	Rank
COMPREHENSIVE MEDICAL	BOTH INST & PROF			PRIMARY

=====

Policy Last Modified: Policy Txn Sys:





# Insurance Type Code

CI = Commercial  
(default)

CP = Medicare  
Conditionally  
Primary

GP = Group Policy  
(Self funded  
/employer-  
based)

HM = HMO

AP = Auto Policy

IP = Individual Policy

LD = Long-Term Policy

LT = Litigation

MB = Medicare Part B

MC = Medicaid

MI = Medigap Part B

MP = Medicare Primary

OT = Other

PP = Personal  
Payment

SP = Supplemental  
Policy





# Claim Filing Code Values

**09 = Self-pay (default)**  
**10 = Central Certification**  
**11 = Other Non-Federal Programs**  
(Self insured programs, etc.)  
**12 = Preferred Provider Organization (PPO)**  
**13 = Point of Service (POS)**  
**14 = Exclusive Provider Organization (EPO)**  
**15 = Indemnity Insurance (Old traditional policies)**  
**16 = Health Maintenance Organization (HMO) Medicare Risk**

**AM = Automobile Medical**  
**BL = Blue Cross/Blue Shield**  
**CH = CHAMPUS**  
**CI = Commercial Insurance Co.**  
(Aetna, Cigna, etc.)  
**DS = Disability**  
**HM = Health Maintenance Organization**  
**LI = Liability**  
**LM = Liability Medical**  
**MB = Medicare Part B**  
**MC = Medicaid**  
**OF = Other Federal Program**  
(use for Medicare)  
**TV = Title V (Medicare Maternal Child program)**  
**VA = Veteran Administration Plan**  
**WC = Workers' Compensation**  
**Health Claim**  
**ZZ = Mutually Defined Unknown**





## Pharmacy Entries





- Two Methods of Entry:
  - Coverage under a Carrier

HIC Name/Carrier:

First Choice

HIC\_ID:

FIRVA 0001

Coverage Type:

RX

- As a Carrier (HIC) Pharmacy Benefit Mgr (PBM)

HIC Name/Carrier:

Express Scripts

HIC\_ID: EXPVA0001

Coverage Type:





- **New pharmacy numbers on insurance card usually located in the lower right corner**
- Billing Identification Number (BIN)
  - Number is placed in the Attention line for paper claims
- Processing Control Number (PCN) – not requested at this time







- Common HIC Entry Errors
  - Incomplete queries with duplicate HIC entries
  - Insurance carrier name is abbreviated
  - Use of “RX” prefix: RXAetna for insurance carrier
  - Use of commas, periods, symbols: 18002345678
  - Use of DSN instead of commercial telephone number
  - Invalid insurance carrier telephone number
  - Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy
  - Failure to “cancel” an incorrect entry





# Basic Rules/Data Quality

- Spell out entire name of insurance carrier
- Avoid use of acronyms unless actual name
- No punctuation, symbols, hyphens
- Include Point of Contact (POC) name and commercial telephone number
- Include valid insurance carrier telephone number
- Be specific in the Attention Line
- Limit adding any insurance carriers billed only under Medical Affirmative Claim (MAC)
- Do not add any JAG offices
- For “Out of State Claims” (Attn Line), use the state HIC where the services were rendered





## Sample HIC Entries for Review Using VPOC Screens





Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATE	ZIP
ACOWV0006	MD	B	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	2533
AETKY0037	RX	B	AETNA	P.O.BOX 14024	LEXINGTON	KY	4051
AETKY0038	RX	B	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	4051
AETKY0039	RX	B	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	4051
AETTX0051	RX	B	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	7826
AIGDE0002	XM	B	AIG	PO BOX 15701	WILMINGTON	DE	1985
AIGNY0001	XM	B	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	1000
AMETX0021	RX	B	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	7910
APWMD0004	RX	P	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106
APWMD0005	RX	P	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106
ARGMO0022	RX	B	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	6414
BCBAZ0052	RX	B	BCBS	PO BOX 52136	PHOENIX	AZ	8507
BCBCO0003	MD	B	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	8021
BCBKY0016	RX	B	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	4051
BLUCA0039	MD	P	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592
BLUCA0039	RX	B	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592
BLUCA0083	XM	B	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	9338
BLUOK0006	XM	B	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	7412





* HIC Name: GEHA CONNECTION [	
Standard Comment: [	
Website Address: www.GEHADENTAL.cc	Cust. Service E-mail: [
* POC Full Name: DOE A. JOHN	POC Contact E-mail: JOHN.DOE@AFMIL
* POC Telephone No: 1800849	POC Telephone No Ext.: [
Cross Ref ID: [	

---

**HIC Coverage:**

* Coverage Type Code: XM	* Coverage Payer Type Code: B
--------------------------	-------------------------------

**Mailing Address:**

Attention: [	
* Address: P.O. BOX 3289	
* City: SNA ANTONOI	State Code: TX
Zip Code: 78268	Zip Ext.: [
* Country Code: US	
Standard Comments: [	
* Telephone No: 18006240756	Ext.: [
Fax: [	





## HIC Carrier:

HIC ID: LABMD0007	Status Code: T
Ver. Status Code: U	Ver. System Name: TNEX SOUTH
Ver. Status Date: 2007-01-11	Ver. Status Time: 17:20:07
* HIC Name: LABORERS NATIONAL HEALTH	
Standard Comment:	Local Comment:
Website Address: UNKNOWN	Cust. Service E-mail: UNKNOWN
Cross Ref ID:	
* POC Full Name: PGBA LLC	POC Contact E-mail: MYTRICARE.COM
* POC Telephone No: 8778742273	POC Telephone No Ext.:

## HIC Coverage:

* Coverage Type Code: XM	* Coverage Payer Type Code: B
Status Code: T	Ver. Status Code: U
Ver. Status Date: 2007-01-11	Ver. Status Time: 17:20:07

## Mailing Address:

Attention: WELFARE FUND	
* Address: 5565 STERRETT PLACE #210	
* City: COLUMBIA	State Code: MD
Zip Code: 21044	Zip Ext.: 1100
* Country Code: US	
Standard Comments:	Local Comments:
* Telephone No: 8002365805	Ext.:





## Verification Point of Contact (VPOC) Role





- VPOC Role

- Verifies claims address, when possible
- Ensures data quality prior to SIT entry
- Contacts user POC for any questions
- Provides insurer information in the Standard Comment field
- Updates, Adds, Restores, Rejects an entry







- Remember to:
  - Query the SIT to avoid duplicates
  - Use the commercial telephone number for POC
  - Obtain a valid insurance carrier telephone number
  - Use local comment field for additional information
  - Cancel an entry when it is a mistake
  - Do not deactivate any Health Insurance Carriers (HICs)
  - Limit request for any updates
- When in doubt, contact VPOC





- Know what the Standard Insurance Table (SIT) is
- Understand the importance of the SIT
- Learn how to use the SIT appropriately
- Know how to avoid the common data entry errors
- Be aware of, and be able to find, resources





## Questions?





## **TMA/UBO Helpdesk**

Functional Support

[VPOC.helpdesk@altarum.org](mailto:VPOC.helpdesk@altarum.org)

[UBO.helpdesk@altarum.org](mailto:UBO.helpdesk@altarum.org)

703-575-5385





## TMA/UBO Web Site

<http://tricare.osd.mil/ocfo/mcfs/ubo/index.cfm>

